

Revising the so-called Western Universalism in Medical Ethics Education - a New Moral Thinking Based on Japanese Realities-

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(Ethics)

Abstract: The aim of this paper is to examine the strong tendency to regard the Western values of human fundamental rights as universal over and above any other cultural values. This tendency is often found in medical ethics education as well as in philosophical controversy in general. In this paper, I will examine this issue within the framework of my own theory of moral thinking based on evolving Japanese realities.

In Japanese society today, I feel the need to recreate a certain common platform for discussing the moral dilemma concerning issues of life and death. In order to recreate it, there must be a certain common background for discussing what the concept of the good life can be defined as, and further what the greatest common ground is for discussing the meaning of life and death. I believe such grounds can be found in the “domain specific value” being immanent in social relationships, and the “invisible universal value” for every individual being. In conclusion, I believe these new common and global values should be substituted for Western values advocating universalism and antagonistic tendencies. A deeper understanding of Western values can be achieved through thinking this way.

Key words: medical ethics, ethics education, moral thinking, Western values, universalism, Japanese society

1. Introduction

I have so far participated several times in international conferences concerning bioethics, medical ethics or the philosophy of medicine in various foreign, mainly Western, countries. At such conferences where certain Western values based on *fundamental human rights* always were dominant, I observed members from non-Western countries displaying various emotions, both overtly and covertly as well as officially or privately. Some appreciated those Western values and criticized their own culturally “backward” values. Accepting Western values as reasonable, some claimed it was too difficult to apply them directly to their own societies. Some supposed Western values were strategically useful in the present time but would be overcome in the future. There might have even been some outright rejection of these Western values, although such a stand was not outspoken of directly. At any rate, it seemed to me that those non-Western participants could not adequately bridge the gap that exists between Western and their own cultural values⁽¹⁾. That is still the case that exists today. Generally speaking, such bridging of gaps involves various controversies between *universalism* and *multi-culturalism*, which is now under discussion in contemporary political philosophy in particular⁽²⁾. In this paper, I propose an alternate framework that may be useful in bridging the cultural value gap.

2. Double tasks

Since around the end of the 1970s, moral realities in Japanese society has gradually changed through commercialization, technological developments and social transformations, as will be discussed in more detailed further on in this paper. Accompanied by changing realities, various questions concerning the issues of life and death have been raised. Ordinary people, professionals, experts on policy making and students are all at a loss on how to decide in what terms the issues of brain death transplantation, reproductive therapy, gene manipulation, euthanasia, artificial abortion, suicide, etc., are to be discussed.

In such circumstances, “bioethics” in a narrow sense, namely in terms of the North American version, was introduced about the end of the 1980s, and then filtered rapidly into our society during the 1990s. It now seems to have filtered throughout Japanese society and even, to some extent, penetrated the thinking of the younger generation. Such a penetration of bioethics into the social vernacular is, I suppose, significant in three ways:

- 1) Greatly stimulated by the words or ideas of bioethics, many ethicists were activated and began to positively discuss those particular questions for the first time. As far as the quality of their moral thinking and discussions are concerned, however, they often remain too theoretical and ideological to respond adequately to ordinary people’s needs and professionals’ requests.

2) On one hand, in medical practice and education, directly challenging the claims of bioethics is to a certain extent accepted as reasonable. On the other hand, a certain quasi-paternalistic custom among professionals, families and communities still retains its power, even though it is surely weaker than before. As a result, the term “informed consent” has become common only in a superficial way and in the weakened acceptance of the concept of “self-determination”.

3) The third point is partly based on the fact that the modern Western idea of “accountability” is lacking in Japanese culture. Discussion of bioethics has further accelerated tendencies towards pluralization and an incommensurability among opinions on the cause of social conflicts concerning values. Typical cases include the discussion over brain death that has continued over a decade. I think the focus of such conflicts is on how to evaluate the value-premises of bioethics, that is, its so-called *universalism*.

Against such a background Japanese medical ethics education takes place. Therefore, it inevitably involves a double task. One is how to foster excellent (and virtuous) professionals fitted to such evolving settings. For that purpose, education staff need to develop various efficient techniques or methods to prepare their students for the difficult challenges and decisions that lie ahead. Learning from precedents in North America and other countries, Japanese educators have been developing some methodologies as well. A standard casebook based on Japanese realities has also finally been prepared quite recently.

However, I feel there is still an atmosphere of hesitation or embarrassment as a whole. In my opinion, it is because other value-problem exists and these have not yet been resolved among people in society. The first task depends on the second task of how to resolve this problem. It is this second task that I want to examine below from my own approach to moral thinking⁽³⁾.

3. Two problems

Let us start by considering the following two problems. They are central of our discussions about cultural values, and cause incommensurable opposition among various groups of society.

The first problem is how the issue of individual freedom or privacy is dealt with in particular societies, communities or countries. As far as medical relationships are concerned, patient's preferences are the case in point. In this particular case, the question means, for example, whether the idea of *self-determination* is paramount or not, even if patients' desires seem to be very foolish from the professional's viewpoint.

During the 1980s and 1990s, Japanese society became extremely rich in a material and macroeconomic sense, compared with other countries. In this circumstance, individuals' desires were set free and have been more and more stimulated as time passed. Previously, most Japanese people had controlled their own desires and behaviors through internalizing authority-community oriented ethics (*Seken* in Japanese). The weaker and more limited the authority of traditional ethics has become, the stronger and broader individu-

als' consumptive desires have grown. Nevertheless, *Seken* as a custom is not completely dead and still controls part of each individual's heart to some extent. In short, individual freedom remains dangling in midair without being given its appropriate position within modern Japanese society.

The second problem is whether and how we should publicly discuss the idea of *the good life* or not. It is most likely that when the majority of people are confronted with various moral dilemmas, it is their emotions rather than their reasoning that determines the ultimate decision made. For example, even though the right to an abortion is legitimately approved, the actual decision to exercise that right often depends on one's emotions or emotional state. Although influenced by the emotions within one's heart, individual morality generally functions and still to some extent directs the decisions one makes. The basis of one's morality is nothing more than one's idea of what constitutes the good life. Certainly, both morality and the concept of the good life are the most private and intimate of things. Can it really be discussed openly?

In circumstances where overwhelmingly consumptive cultures hold reign, most people generally seem to become pleasure seeking and lose a sense of the limits to their pleasure. As a result, any limits or prohibitions fade gradually away from one's life as they progress from birth to death. Consequently, the vivid feeling of living fades away and an image of death or finality become vague. That is the reason why there are various trials or desires to seek in so-called spiritual supports or in such kinds of gratification. Such gratification seeking partly explains the environment in which many cult groups like *Ohmu Shinri Kyoh* have sprung up and thrived. Traditional spiritualism firmly existed before in society but it is disappearing. Although thoughts of human rights are not yet deep-routed in the social and public life of Japan, some types of skepticism, isolationism or dogmatism have appeared and spread. In short, no common spiritual background seems to exist in modern Japanese society.

4. Domain specific values

As mentioned earlier, in the case of ethical dilemmas concerning *individual freedom*, discussions need to take place in moral rather than legal rights terms in educational environments. However, once we begin to discuss this issue based on morality, we immediately realize that no common platform for moral discussion exists in Japanese society. Therefore, the first consideration needs to be the establishment of such a common moral platform. If the development of such a platform is to be possible, then the following two conditions are necessary. They are the "specific domain value" and the "universal invisible value". First, let us examine the former⁽⁴⁾.

Nowadays in Japanese society, individual freedom is not given appropriate regard. It is due to the fact, in my opinion, that its definition and applicability remain ambiguous. To remedy this situation, specific limits need to be set on the freedoms available to the individual and find appropriate approve on the

condition that it confines itself within these set limits. I suppose that each social relationship basically has its own intrinsic value. These different values provide particular limits to each individuals' behaviors in particular relationships.

I think the following points provide a workable framework:

1) It is recognized that individuals act both overtly and covertly in all their social relationships. Generally speaking, one's freedom exists only within particular boundaries, for example, parents' freedom and children's freedom within the family unit, teacher's freedom and pupil's freedom within the school environment, etc.. However, although freedom may sometimes be regarded as something abstract, it in fact exists even in the civil relationships among strangers.

2) Each particular social relationship has, in my opinion, its own intrinsic goals as well as norms derived from these goals. These oblige people involved in a particular relationships to act appropriately in their roles according to their positions. There is a set of particular goals, norms and obligations derived from these parameters that are supposed to be essential in any social relationship. I call this set the "domain (or sphere) values". Each domain value is linked to others, organized into a specific network and mutually restricted, due to the complicated network of social relationships each individual is involved in.

3) What should be sought, discussed and interpreted in medical ethics education is surely the "medical domain values". These deals with such questions as the following: What should be the goals of medicine? What should be the norms of medicine? What constitutes health or illness? If those participating in medical education do not raise, debate and try to answer these questions, then appropriate behaviors for professionals, patients, families, communities and even nations will remain unclear. Nor will the ideal of what constitutes "good medicine" become any clearer.

5. Invisible universal values

Let us turn to the second condition. Moral discussions inevitably include ideas of what constitutes *the good life*. Therefore, if no common ground can be found for discussing what is the good life, a common moral platform may not be possible to set. How can we find a common ground for values? Is it at all possible, even if it is so necessary?

Certainly, skeptical or critical thinking is always necessary for us. But, I cannot agree with all types of skepticism or neutralism. Such obstructive stands will only further strengthen the current tendencies to accept desires without any limits to seductive consumerism. I also cannot agree with any stands on dogmatism, because plurality is one of the most valuable assets wherever people live together.

The ideal way forward is to recreate a common ground where diverse ideas of the good life can be discussed among people. First, it would be necessary to go back to the meanings of life and death, because

these meanings are the foundation and framework of the ideas concerning the good life. Then, through dialogue with a wide variety of experts on metaphysics and religions, the widest common ground for meanings that are potentially shared amongst them could be found. What could be the greatest common ground for discussing the meanings in this question? My tentative ideas are essentially as follows:

1) Every being is mutually supported through various functionings of all things in existence (causal, intentional, symbolic etc.). I think such an idea is positive in the ontological sense of Nothing. In this sense, each individual being is fundamentally equally accidental and rare, and therefore equally precious and irreplaceable. Such characterization applies to every being in all time and space, dead or alive, regardless of ability to narrate or not⁽⁵⁾.

2) The “Invisible universe” consists of each equal individual being. This imaginary universe or public is beyond every visible present state, community or civil society. I can well imagine, within this domain, certain sets of appropriate behaviors, perspectives on the world and meanings of life and death. These sets would have been constructed by from past beings, and passed on to future beings. I call these the “universal invisible values”.

3) In terms of the criterion of these values and consequent ethics derived from them, I believe it to be received by each individual being as a whole, which can not be reduced from any specific and fixed viewpoints like national identity, sexual identity, ability, genes, etc..

6. A new common value framework

I have so far claimed that it is necessary for Japanese society to recreate a certain moral common platform for discussing various ethical dilemmas, and furthermore, pointed out its two requisites, namely, “domain specific values” and “invisible universal values”. In my opinion, these two conditions set a new perspective from which we can critically consider and revise *universalism* and its antagonism to *multi-culturalism*.

In general, universalism insists Western values are universal above and over any other cultural values. As mentioned previously, universal values are expressed in the form of human rights, the main pillars of which are respect for the individual, freedom and equality⁽⁶⁾. In particular, I think respect for the individual is at the center of Western values. Certainly, I also believe the idea of respect for the individual is the most important value that human beings have ever conceived in the past. But, if we do not continue to always question why respect for the individual is so important, then we would lose its significance. And it would become too formulized or legalistic, as can be seen everywhere nowadays.

It seems to me that the reasons for the current situation are not necessarily clear. This is because multi-culturalism, which demands freedom as well as respect for each individual special cultural as well as

political values, prevails. I believe the reason lies in “invisible universal values”. On the other hand, invisible universal values are a kind of the great common ground extracted from various cultural customs or traditions such as religion or metaphysics. Therefore, it offers a certain critical viewpoint to some too arbitrary, with strange rules or realities within them, for example, the refusal to accept blood transfusions based on obscure religious reasons or women’s disadvantageous social position.

In terms of “domain specific values”, it respects multi-dimensional social relationships and offers a viewpoint with a difference. Such a perspective is needed and becomes more indispensable in an increasingly monistic world. It is partly because universalism is historically based on civil relationships among strangers, which is merely one type of social relationship, even as civil society is very important in an increasingly interconnected world. Another partly stems from commercial relationships that are almost the same as in civil society in contemporary Japan which now are remarkably prevalent. On the other hand, similar monistic and holistic tendencies seem to be strongly rooted within multi-culturalism. Some say that its tendencies in non-Western countries, as well as in some religious and quasi-communitarian movements, are rather stronger than in Western societies.

In conclusion⁽⁷⁾, another perspective or way of moral thinking regarding Western cultural values as universal is needed. In other word, we need a kind of global common ground for discussing diverse ideas of the good life. My new perspective, given in this paper, is merely an alternate way of how a common global framework could be found. Such a global common ground is important for each specific domain and all beings’ in the universal public. It also provides an ideal platform for diverse, original and consequent interpretations. Therefore, all possible approaches must be diverse enough for individuals and groups from various backgrounds.

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Footnotes

- (1) I felt the same was the case at the latest international conference: Ethics Education in Medical Schools (February 13-16, 2000, Eilat, Israel, under the auspices of the Secretary of the Council of Europe and UNESCO etc., organized by The International Center for Health, Law and Ethics University of Haifa, School of Law). It is because of this I changed here the theme of the paper submitted from method/virtue problems to cultural value problems. By this way, my original paper read there was titled “What to be asked before/in Ethical Education-Virtues based on the concrete method of moral thinking”.
- (2) For example, Rawls, J., *A Theory of Justice*, Cambridge, Mass., Harvard University press, 1971; Sandel, M. J., *Liberalism and the Limits of Justice*, Cambridge, Cambridge University Press, 1982; Taylor, Ch., *Philosophy and*

Human Sciences: Philosophical Papers 2, Cambridge, Cambridge University Press, 1985; MacIntyre, A., *After Virtue*, Notre Dame, University of Notre Dame, 1984; Rawls, J., *Political Liberalism*, New York, Columbia University Press, 1993 etc.

- (3) I presented my thoughts on moral thinking in my book entitled *Shi no Sentaku* (263p., Tokyo, Mado-sha, 1999). The title in English means “Choices on death”.
- (4) Certainly there is also another more previous condition, that is, the “precondition of free will”. What used to be pointed out in terms of free will’s element is competence of judgment, understandings of information and spontaneity. And all these or any other elements, if necessary, together organize agent’s responsibility. Of course, in contemporary advanced societies in general, results of individual action are more and more so probable or collective that sociologists who point out the following fact are increasing. That is, the concept of responsibility is less valid and the idea of individual and morality turn out nonsense. Surely, how to reconstruct these concepts is an important philosophical task.
- (5) I suppose that if we can imagine the largest group of persons, it would consist of such every being expressed this way. We need to change the concept of “person”.
- (6) For example, Lucas, S. M., *Individualism*, Oxford, 1973; Hayek, F. A., *Individualism: True and False*, in *Individualism and Economic Order*, London, Routledge & Kegan Paul Ltd, 1949, Chap. 1, pp. 1-32; Bellah, R. N. et al., *Habits of the Heart: Individualism and Commitment in American Life*, Berkeley, University of California Press, 1985; Freedman, M., *Rights*, Open University Press, 1991 etc.
- (7) I shall further present my thoughts concerning method/virtue problems. It is certain that method is important. However, when it does not function as one’s morality or, in other word, it become one’s virtue, then method is nothing but a mere reasoning frame. Within normative theories and bioethics in the narrow sense, only the secondary position has usually been placed on virtues. It is, I believe, because most proponents of virtue ethics used not to make a certain criterion of appropriateness clear, but then only to attribute it to virtuous persons (*ecce homo*). In my opinion, a certain criterion of appropriateness fundamentally belongs to or is intrinsic in each practical relationship, namely, specific domain. By thinking this way, the weakness of virtue ethics is for the first time overcome. As far as medical settings are concerned, the criterion is attributed to the medical domain value/ethics, and further to the invisible universal value/ethics in the invisible public. Therefore, two kinds of cardinal virtues can be supposed, that is, medical specific virtue for all members involved with medical relationships on one hand, and universal and invisible virtue for all members in the invisible public on the other hand.